

IDL - 674D SAMPLES
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TO: STATE CONTROLLER - PPSD / PAYROLL SERVICES

1. CBID

2. SOCIAL SECURITY NUMBER

3. FIRST & MIDDLE INITIAL AND LAST NAME

4. POSITION NUMBER

	AGENCY	UNIT	CLASS	SERIAL
1.				
2.				

5. PAY PERIOD

T	MO	YR

6. INTERVENING ACTIVITY/WORKING WHILE ON DISABILITY - ENTER NUMBER OF HOURS & CODE (W-WORKED, L-DOCK, C-IDL)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

7. INDUSTRIAL DISABILITY (IDL)

a. EMPLOYEE ON IDL FROM _____
THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____
AND RATE(S) \$ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

9. PAYMENT PER CONTROLLER

ISSUE DATE				TIME WORKED		WARRANT OR A/R NUMBER	R E T
MO	DY	YR	PT	DAYS	HOURS		

11. ADDITIONAL INFORMATION

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM _____ FROM _____ TO _____

b. SALARY IS BELOW NDI MAXIMUM RATE.
INCLUDE NON-LOCKED-IN SHIFT

CODE _____ AND RATE \$ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____


d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM
ELECTED _____ SUPPLEMENTATION

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0			
NDI	T			
IDL FULL	6			
IDL 2/3	N			
SHIFT		SHIFT CODE	HOURS	SHIFT RATE
REGULAR	2			
IDL FULL	6			
IDL 2/3	N			

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674D, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

12. AUTHORIZED SIGNATURE _____ DATE _____

 _____
13. CONTACT PERSON (If other than authorized signature)

14. TELEPHONE NUMBER (Include Area Code) _____

SCO USE ONLY

1 OR 2	DOC. TYPE			PAY PERIOD			TIME TO BE PAID							SALARY RATE						P T	A P	OFFSET AMOUNT						NDI GROSS						PT SF	S T	EARNINGS ID								
				T	MONTH	YR	DAYS	HRS. & HDTHS							DOLLARS				CENTS			DOLLARS			CENTS			DOLLARS			CENTS													
	1	2	3	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	
	6	8	1																																									

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THROUGH _____

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AND RATE(S) \$ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

9. PAYMENT PER CONTROLLER

ISSUE DATE				TIME WORKED		WARRANT OR A/R NUMBER	R E T
MO	DY	YR	PT	DAYS	HOURS		

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		DAYS	HOURS	
REGULAR	0			
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IDL 2/3	N			
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SCO USE ONLY

1 OR 2	DOC. TYPE			PAY PERIOD			TIME TO BE PAID							SALARY RATE						P T	A P	OFFSET AMOUNT						NDI GROSS						PT SF	S T	EARNINGS ID								
				T	MONTH		YR	DAYS		HRS. & HDTHS					DOLLARS			CENTS				DOLLARS			CENTS			DOLLARS			CENTS													
	1	2	3	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	
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a. EMPLOYEE ON IDL FROM _____
THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____
AND RATE(S) \$ _____

c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

9. PAYMENT PER CONTROLLER

ISSUE DATE				TIME WORKED		WARRANT OR A/R NUMBER	R E T
MO	DY	YR	PT	DAYS	HOURS		

11. ADDITIONAL INFORMATION

8. NON-INDUSTRIAL DISABILITY (NDI)

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WAS _____

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ELECTED _____ SUPPLEMENTATION


10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0			
NDI	T			
IDL FULL	6			
IDL 2/3	N			

SHIFT		SHIFT CODE	HOURS	SHIFT RATE
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1 OR 2	DOC. TYPE			PAY PERIOD			TIME TO BE PAID							SALARY RATE						P T	A P	OFFSET AMOUNT						NDI GROSS						PT SF	S T	EARNINGS ID								
				T	MONTH	YR	DAYS	HRS. & HDTHS				DOLLARS				CENTS		DOLLARS				CENTS			DOLLARS			CENTS																
	1	2	3	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	
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a. EMPLOYEE ON IDL FROM _____
THROUGH _____

b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S) _____
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c. _____ EMPLOYEE ENTITLED TO ENHANCE IDL

9. PAYMENT PER CONTROLLER

ISSUE DATE				TIME WORKED		WARRANT OR A/R NUMBER	RET
MO	DY	YR	PT	DAYS	HOURS		

11. ADDITIONAL INFORMATION

8. NON-INDUSTRIAL DISABILITY (NDI)

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INCLUDE NON-LOCKED-IN SHIFT

CODE _____ AND RATE \$ _____

c. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE

WAS _____


d. _____ EMPLOYEE ON ANNUAL LEAVE PROGRAM
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10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0			
NDI	T			
IDL FULL	6			
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14. TELEPHONE NUMBER (Include Area Code) _____

SCO USE ONLY

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				T	MONTH	YR	DAYS	HRS. & HDTHS							DOLLARS				CENTS			DOLLARS			CENTS			DOLLARS			CENTS													
	1	2	3	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	
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b. EXCLUDE LOCKED-IN SPECIAL PAY:

EARNINGS ID(S)

AND RATE(S) \$

c. EMPLOYEE ENTITLED TO ENHANCE IDL

9. PAYMENT PER CONTROLLER

ISSUE DATE				TIME WORKED		WARRANT OR A/R NUMBER	RET
MO	DY	YR	PT	DAYS	HOURS		

11. ADDITIONAL INFORMATION

8. NON-INDUSTRIAL DISABILITY (NDI)

a. EMPLOYEE ON NDI FROM

FROM

TO

b. SALARY IS BELOW NDI MAXIMUM RATE. INCLUDE NON-LOCKED-IN SHIFT

CODE

AND RATE \$

c. AVERAGE HOURS WORKED DURING PREVIOUS 18 MONTHS FOR INTERMITTENT EMPLOYEE WAS

d. EMPLOYEE ON ANNUAL LEAVE PROGRAM ELECTED

SUPPLEMENTATION

10. PAYMENT SHOULD BE

TYPE	PT	TIME WORKED		TIMEBASE FRACTION
		DAYS	HOURS	
REGULAR	0			
NDI	T			
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				T	MONTH	YR	DAYS	HRS. & HDTHS				DOLLARS				CENTS		DOLLARS				CENTS			DOLLARS			CENTS																
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ISSUE DATE				TIME WORKED		WARRANT OR A/R NUMBER	R E T
MO	DY	YR	PT	DAYS	HOURS		

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MO	DY	YR	PT	DAYS	HOURS		

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				T	MONTH		YR	DAYS		HRS. & HDTHS					DOLLARS			CENTS				DOLLARS			CENTS			DOLLARS			CENTS													
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	6	8	1																																									

STATE OF CALIFORNIA
PAYROLL ADJUSTMENT NOTICE

STD 674 (REV. 4-89)

DOCUMENT NO. _____

(1) TO: STATE CONTROLLER

☐ DIVISION OF DISBURSEMENTS

☐ PPSD/PAYROLL SERVICES

(5) CORRECT/ISSUE PAYMENT AS INDICATED BELOW:

☐ PAYMENT REQUEST

☐ ACCOUNT RECEIVABLE

☐ RETURN WARRANT ONLY

☐ INQUIRY REGARDING FORM _____

☐ ADJUSTMENT REQUEST

☐ SALARY

☐ TIME

☐ TRANSFER OF FUNDS

(2) SOCIAL SECURITY NUMBER	(3) NAME	(4) POSITION NUMBER			
		AGENCY	UNIT	CLASS	SERIAL
		1			
		2			

REMARKS

DATES/HOURS ON DOCK:

(6)	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY RATE	TIME WORKED			APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS ID	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	JULY 1997
	MO.	DY.	YR.	MO.	DY.	YR.			STD	DYS.	HOURS													
A. PAYMENT PER CONTROLLER WARRANT REGISTER																								
B. PAYMENT SHOULD BE																								
C. OVERPAYMENT																								
UNDERPAYMENT																								

(7) OVERPAYMENT TO BE RECOVERED BY:

☐ AGENCY COLLECTION

☐ PAYROLL DEDUCTION (SPECIFY TYPE)

☐ 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD

☐ (NO.) DEDUCTIONS TO START WITH NEXT APPLICABLE PAY PERIOD

☐ 2% OF SALARY RATE OR 1/12 OF ACCOUNT RECEIVABLE NET

I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE WAS NOTIFIED OF THE IMPENDING ACCOUNTS RECEIVABLE (A/R). PRIOR TO SUBMITTING THIS STD. 674, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND, AGREES TO THE A/R AND REPAYMENT SCHEDULE OR THE EMPLOYEE FAILED TO RESPOND TO NOTIFICATION OF THE IMPENDING A/R.

FORM COMPLETED BY: _____

PHONE NO: _____

(AGENCY NAME)

AUTHORIZED SIGNATURE _____

FROM: _____

DATE _____

PAYROLL PROCEDURES MANUAL

SECTION Z - INDEX -- E 5

(Revised 01/08)

E-5 Example 1A and 1B	Calculation and STD. 674D
E-5 Example 2A and 2B	Calculation and STD. 674D
E-5 Example 3A and 3B	Calculation and STD. 674D
E-5 Example 4A and 4B	Calculation and STD. 674D
E-5 Example 5	Calculation
E-5 Example 6A and 6B	Calculation and STD. 674D